



KANSAS CORPORATION COMMISSION 1058171
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009

Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 9313
Name: Lorenz, James D.
Address 1: 543A 22000 RD
Address 2: _____
City: CHERRYVALE State: KS Zip: 67335 + _____
Contact Person: James D. Lorenz
Phone: (620) 423-9360
CONTRACTOR: License # 9313
Name: Lorenz, James D.
Wellsite Geologist: n/a
Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SLOW
 Gas D&A ENHR SIGW
 OG GSW Temp. Abd.
 CM (Coal Bed Methane)
 Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____
Well Name: _____
Original Comp. Date: _____ Original Total Depth: _____
 Deepening Re-perf. Conv. to ENHR Conv. to SWD
 Conv. to GSW
 Plug Back: _____ Plug Back Total Depth _____
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____

<u>03/11/2011</u>	<u>03/15/2011</u>	<u>03/18/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-037-22167-00-00
Spot Description: _____
N2_N2_N2_NW Sec. 19 Twp. 30 S. R. 22 East West
5115 Feet from North / South Line of Section
3960 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Crawford
Lease Name: AMERSHEK II Well #: WSW #1
Field Name: McCune
Producing Formation: Mississippil
Elevation: Ground: 902 Kelly Bushing: 907
Total Depth: 905 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 20 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 902
feet depth to: 0 w/ 127 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 0 bbls
Dewatering method used: Evaporated
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License #: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

- Letter of Confidentiality Received
Date: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Deanne Garrison Date: 06/28/2011



1058171

Operator Name: Lorenz, James D. Lease Name: AMERSHEK II Well #: WSW #1
 Sec. 19 Twp. 30 S. R. 22 East West County: Crawford

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Compensated Density Compensated Neutron Dual Induction Open hole	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Driller's 0 905
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CASING RECORD <input type="checkbox"/> New <input checked="" type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	12.2500	8.6250	18	20.5	Portland	4	
Production	6.7500	4.5000	9.5000	909	OWC	127	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing	-			
___ Plug Back TD				
___ Plug Off Zone	-			

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
2	3 1/8" Slick tag gun	250 gal. 15% HCL acid	612-622
2	3 1/8" Slick tag gun	50 gal. 15% HCL acid on perf.	622-632
2	3 1/8" Slick tag gun	50 gal. 15% HCL acid on perf.	680-690

TUBING RECORD: Size: <u>2</u> Set At: <u>600</u> Packer At: <u>0</u> Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. <u>12/3/2011</u>	Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____
Estimated Production Per 24 Hours	Oil Bbls. Gas Mcf Water Bbls. Gas-Oil Ratio Gravity <u>1200</u>

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Well Refined Drilling Company, Inc.

4230 Douglas Road - Thayer, KS 66776

Contractor License # 33072

Office - 620-839-5581; Jeff Pocket - 620-432-6170; Fax - 620-839-5582

**HAVE RIG
Rig # 2
WILL DIG!**

Rig #:	2	License # 9313	S19	T30	R22E
API #:	15-037-22167-0000		Location: N2.N2.N2.NW		
Operator:	James D. Lorenz		County: Crawford - KS		
Address:	543A 22000 Road				

Well #:	WSW #1	Lease Name:	Amershek, II	Depth	Oz.	Orifice	flow - MCF
Location:	5115	FSL		130		No Flow	
	3460	FEL		205		No Flow	
Spud Date:		3/11/2011		230		No Flow	
Date Completed:		3/15/2011	TD: 905	255		No Flow	
Geologist:				280		No Flow	
Driller:		Josiah Kephart		305		No Flow	
Casing Record		Surface	Production	330		No Flow	
Hole Size		12 1/4"	6 3/4"	380		No Flow	
Casing Size		8 5/8"		405		No Flow	
Weight				480		No Flow	
Setting Depth		20' 5"		505		No Flow	
Cement Type		Portland		530		No Flow	
Sacks		4		555		No Flow	
Feet of Casing				580		No Flow	
				630		No Flow	
				680		No Flow	
				730		No Flow	
				755	1	3/8"	3.56

11LC-031511-R2-004-Amershek, II - WSW # 1 - James D. Lorenz

Well Log

Top	Bottom	Formation	Top	Bottom	Formation	Top	Bottom	Formation
0	1	overburden	119	206	shale	270	303	shale
1	6	lime	206	207	lime	303	306	sand
6	7	blk shale	207	211	shale	306	317	shale
7	59	shale	211	212	coal	317	319	blk shale
59	61	sand	212	223	shale	319	320.5	coal
61	66	shale	223	224.5	lime	320.5	331	shale
66	67.5	coal	224.5	225	coal	331	358	lime
67.5	78	shale	225	227	blk shale	358	359	blk shale
78	95	lime	227	234	shale	359	360	coal
95	96.5	shale	234	235	coal	360	398	shale
96.5	97.5	blk shale	235	238	shale	398	399	coal
97.5	100	shale	238	245	blk shale	399	466	shale
100	101	coal	245	248	coal	466	470	sand
101	103.5	shale	248	267	shale	470	475	shale
103.5	115	lime	267	268	lime	475	476	coal
115	116	shale	268	268.5	blk shale	476	482	shale
116	118.5	blk shale	268.5	269	shale	482	483	coal
118.5	119	coal	269	270	lime	483	508	shale

